MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED DEC 27 1962

62-048119 STATE FILE NUMBER

Registration District No. 31 Primary Registration District No. — Registrar's No. 529

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 1940
2 0942
3 2
4 1
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7 0
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12 2-2
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RFD 1, Farmington
Length of stay in 1b: 3 wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mineral Area Osteopathic Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Francois
c. CITY OR TOWN Flat River — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 209 Crane St — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Reva Middle Leona (Jones) Last Roux

4. DATE OF DEATH: Month Dec. Day 18 Year 1962

5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/21/03
9. AGE (last birthday): 58
IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): shoeworker
10b. KIND OF BUSINESS OR INDUSTRY: shoe factory
11. BIRTHPLACE (City and state or country): Bonne Terre, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Harmon Jones
13b. MOTHER'S MAIDEN NAME: Della Allen
14. NAME OF HUSBAND OR WIFE: Guy Harvey Roux

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: husband G. H. Roux — Address: 209 Crane St. Flat River

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I.)

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Terminal pneumonia	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral thrombosis - numerous C V H	3-5 yrs
DUE TO (c)	Cerebral arteriosclerosis	5-6 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Parkinson disease several yrs with epileptiform Convulsions

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 1958 to 12/18/62 and last saw her/him alive on 12/17/62
Death occurred at 4:15 am/pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W A Rudloff DO
22b. ADDRESS Flat River Mo
22c. DATE SIGNED 12/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 12/21/62
23c. NAME OF CEMETERY OR CREMATORY: Hillview Memorial Gardens
23d. LOCATION (City, town, or county) (State): RFD 1, Farmington Mo.

24. FUNERAL DIRECTOR ADDRESS: Alvin W. Hood, 303 Crane St, Flat River, Mo
25. DATE RECD. BY LOCAL REG.: Dec. 19, 1962
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

JAN 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Albert W. Hood

Licensed Embalmer No. 2780

P. O. Address Flat River, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.